

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

JACK PAC

ADDRESS (number and street)

BRISBANE BLDG BOX #28

403 MAIN STREET

☒Check if different
than previously
reported. (ACC)

BUFFALO

NY

14203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00271171

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DALE B. DEMYANICK

Signature of Treasurer

Electronically Filed by DALE B. DEMYANICK

Date

04

10

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
JACK PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		304956.55
(b) Cash on Hand at Beginning of Reporting Period	304956.55	
(c) Total Receipts (from Line 19)	724.65	724.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305681.20	305681.20
7. Total Disbursements (from Line 31)	39868.44	39868.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	265812.76	265812.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

JACK PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	724.65	724.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	724.65	724.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	724.65	724.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22369.44	22369.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	22369.44	22369.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6499.00	6499.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39868.44	39868.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39868.44	39868.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22369.44	22369.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22369.44	22369.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 27

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JACK PAC

A.

Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.03

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: SA17.4210

Amount of Each Receipt this Period

399.03

INTEREST INCOME

B.

Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.35

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: SA17.4214

Amount of Each Receipt this Period

3.32

DIVIDEND INCOME

C.

Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.54

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: SA17.4217

Amount of Each Receipt this Period

-60.81

MARKET VALUE CHANGE

SUBTOTAL of Receipts This Page (optional)

341.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

JACK PAC

A. Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.73

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: SA17.4212

Amount of Each Receipt this Period

264.19

INTEREST INCOME

B. Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.90

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: SA17.4215

Amount of Each Receipt this Period

90.17

DIVIDEND INCOME

C. Full Name (Last, First, Middle Initial)

CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City State Zip Code
 BUFFALO NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: SA17.4218

Amount of Each Receipt this Period

278.37

MARKET VALUE CHANGE

SUBTOTAL of Receipts This Page (optional)

632.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

JACK PAC

A. Full Name (Last, First, Middle Initial)
CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City	State	Zip Code
BUFFALO	NY	14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: SA17.4213

Amount of Each Receipt this Period

391.15

INTEREST INCOME

B. Full Name (Last, First, Middle Initial)
CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City	State	Zip Code
BUFFALO	NY	14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1631.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: SA17.4216

Amount of Each Receipt this Period

266.17

DIVIDEND INCOME

C. Full Name (Last, First, Middle Initial)
CITIGROUP GLOBAL MKTS INC

Mailing Address 500 CORPORATE CENTER

City	State	Zip Code
BUFFALO	NY	14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: SA17.4219

Amount of Each Receipt this Period

-1302.70

MARKET VALUE CHANGE

SUBTOTAL of Receipts This Page (optional)

-645.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

JACK PAC

A. Full Name (Last, First, Middle Initial)

GREATER BUFFALO SAVINGS BANK

Mailing Address 2421 MAIN STREET

City

BUFFALO

State

NY

Zip Code

14214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

389.27

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA17.4204

Amount of Each Receipt this Period

389.27

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

389.27

TOTAL This Period (last page this line number only)

718.16

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1063.23

Full Name (Last, First, Middle Initial)

B. TOTAL WINE AND MORE

Mailing Address 6240 LITTLE RIVER TPK

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
ENTERTAINMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4144.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

684.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
PHONE & COMPUTER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

268.21

SUBTOTAL of Disbursements This Page (optional)

1331.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

558.70

B. US AIRWAYS

Mailing Address REAGAN INTERNATIONAL AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4154.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

257.40

[MEMO ITEM]

C. US AIRWAYS

Mailing Address REAGAN INTERNATIONAL AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4154.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

257.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

558.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
DUES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7043.90

Full Name (Last, First, Middle Initial)

C. ROSWELL PARK ALLIANCE

Mailing Address ELM AND CARLTON

City BUFFALO State NY Zip Code 14263

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4180.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6750.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

7153.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. ROSWELL PARK ALLIANCE

Mailing Address ELM AND CARLTON

City BUFFALO State NY Zip Code 14263

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4180.1

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CIVIC LUNCHEON COMMITTEE

Mailing Address P.O. BOX 41

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement
EVENTS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4157

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 6

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. ERIE INSURANCE GROUP

Mailing Address 100 ERIE INSURANCE PLACE

City ERIE State PA Zip Code 16530-1101

Purpose of Disbursement
AUTO INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4159

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Amount of Each Disbursement this Period

1282.00

SUBTOTAL of Disbursements This Page (optional)

1632.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. LOEB PARTNERS REALTY & DEVELOPMENT

Mailing Address 2100 LIBERTY BUILDING

City BUFFALO State NY Zip Code 14202-3699

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4149

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. LOEB PARTNERS REALTY & DEVELOPMENT

Mailing Address 2100 LIBERTY BUILDING

City BUFFALO State NY Zip Code 14202-3699

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4173

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. LOEB PARTNERS REALTY & DEVELOPMENT

Mailing Address 2100 LIBERTY BUILDING

City BUFFALO State NY Zip Code 14202-3699

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4183

Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

1.18

SUBTOTAL of Disbursements This Page (optional)

801.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. LOEB PARTNERS REALTY & DEVELOPMENT

Mailing Address 2100 LIBERTY BUILDING

City BUFFALO State NY Zip Code 14202-3699

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

B. LUMSDEN & MCCORMICK, LLP

Mailing Address 403 MAIN ST
SUITE 430

City BUFFALO State NY Zip Code 14203

Purpose of Disbursement
ACCT SVS / FEC COMPLIANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

379.60

C. LUMSDEN & MCCORMICK, LLP

Mailing Address 403 MAIN ST
SUITE 430

City BUFFALO State NY Zip Code 14203

Purpose of Disbursement
ACCT SVS / FEC COMPLIANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2779.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. LUMSDEN & MCCORMICK, LLP

Mailing Address 403 MAIN ST
SUITE 430

City BUFFALO State NY Zip Code 14203

Purpose of Disbursement
ACCT SVS / FEC COMPLIANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4170

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. M & T BANK

Mailing Address ONE M & T PLAZA

City BUFFALO State NY Zip Code 14202

Purpose of Disbursement
FEDERAL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. M & T BANK

Mailing Address ONE M & T PLAZA

City BUFFALO State NY Zip Code 14202

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3673.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. M & T BANK

Mailing Address ONE M & T PLAZA

City
BUFFALO

State
NY

Zip Code
14202

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.44

Full Name (Last, First, Middle Initial)

B. SMB MANAGEMENT, INC

Mailing Address 59 AVALON DRIVE

City
AMHERST

State
NY

Zip Code
14226

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

859.25

Full Name (Last, First, Middle Initial)

C. SMB MANAGEMENT, INC

Mailing Address 59 AVALON DRIVE

City
AMHERST

State
NY

Zip Code
14226

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

897.50

SUBTOTAL of Disbursements This Page (optional)

1772.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. BOX 15124

City
ALBANY

State
NY

Zip Code
12212-5124

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.41

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 15124

City
ALBANY

State
NY

Zip Code
12212-5124

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.41

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address P.O. BOX 15124

City
ALBANY

State
NY

Zip Code
12212-5124

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

226.38

SUBTOTAL of Disbursements This Page (optional)

677.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address P.O. BOX 17464

City
BALTIMORE

State
MD

Zip Code
21237-1464

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.70

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address P.O. BOX 17464

City
BALTIMORE

State
MD

Zip Code
21237-1464

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.44

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address P.O. BOX 17464

City
BALTIMORE

State
MD

Zip Code
21237-1464

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.56

SUBTOTAL of Disbursements This Page (optional)

326.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address P.O. BOX 17464

City BALTIMORE State MD Zip Code 21237-1464

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.75

Full Name (Last, First, Middle Initial)

B. WOYSHNERS

Mailing Address 910 RIDGE ROAD

City LACKAWANNA State NY Zip Code 12418

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

445.68

Full Name (Last, First, Middle Initial)

C. WOYSHNERS

Mailing Address 910 RIDGE ROAD

City LACKAWANNA State NY Zip Code 12418

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

172.69

SUBTOTAL of Disbursements This Page (optional)

697.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. WOYSHNERS

Mailing Address 910 RIDGE ROAD

City
LACKAWANNA

State
NY

Zip Code
12418

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4174

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	6

Amount of Each Disbursement this Period

65.24

SUBTOTAL of Disbursements This Page (optional)

65.24

TOTAL This Period (last page this line number only)

21468.84

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

A. DUNCAN FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 2646 City KNOXVILLE State TN Zip Code 37901 Purpose of Disbursement CONTRIBUTION TO OTHER COMMITTEE Candidate Name JOHN DUNCAN, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4187 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
B. FRIENDS OF CONNIE MACK Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 60004 PMB 388 City Ft. Myers State FL Zip Code 33906 Purpose of Disbursement CONTRIBUTION TO OTHER COMMITTEE Candidate Name CONNIE MACK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4254 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 500.00
C. FRIENDS OF JOHN BOEHNER Full Name (Last, First, Middle Initial) Mailing Address 7908-I Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement CONTRIBUTION TO OTHER COMMITTEE Candidate Name JOHN BOEHNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4251 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. PETE KING FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 1428

City SEAFORD State NY Zip Code 11783

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name
PETE KING

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: SB23.4130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. REYNOLDS FOR CONGRESS

Mailing Address PO Box 15388
PITTSFORD

City Rochester State NY Zip Code 14615

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name
TOM REYNOLDS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.4178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. SWEENEY FOR CONGRESS INC

Mailing Address Post Office Box 1465

City
Clifton ParkState
NYZip Code
12065Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEECandidate Name
JOHN E. SWEENEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: SB23.4231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALSH FOR CONGRESS

Mailing Address P.O. BOX 1974

City
SYRACUSEState
NYZip Code
13201Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEECandidate Name
JAMES T WALSHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.4125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. ASA FOR GOVERNOR

Mailing Address 3 DOG CONSULTING, LTD
104 E. HUME ST

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

499.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIKE COLE

Mailing Address P.O. BOX 193

City ALDEN State NY Zip Code 14004-0193

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PETER FRANCHOT

Mailing Address 7111 SYCAMORE AVE

City TAKOMA PARK State MD Zip Code 20912

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2499.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
JACK PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF TOM O'MARA

Mailing Address P.O. BOX 521

City ELMIRA State NY Zip Code 14902

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JACOBS FOR STATE SENATE

Mailing Address P.O. BOX 237

City BUFFALO State NY Zip Code 14205

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SAM BROOKS 2006

Mailing Address 2959 TILDEN ST NW

City WASHINGTON State DC Zip Code 20008-1150

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JACK PAC

Full Name (Last, First, Middle Initial)

A. WELD FOR NEW YORK

Mailing Address 355 LEXINGTON AVENUE
SUITE 1001

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

6499.00